

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

'13 JAN -7 A10 :50

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Arcena	Paula	A.Y.	(808) 973-6426
MAILING ADDRESS (Street)			FAX (808) 973-0204
1357 Kapiolani Blvd., Suite 1250			EMAIL parcena@alohacare.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
AlohaCare			(808) 973-1650
MAILING ADDRESS (Street)			FAX (808) 973-0726
1357 Kapiolani Blvd., Suite 1250			EMAIL customerservice@alohacare.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
AlohaCare		(808) 973-1650
MAILING ADDRESS (Street)		FAX (808) 973-0726
1357 Kapiolani Blvd., Suite 1250		EMAIL customerservice@alohacare.org
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John McComas		(808) 973-1690
MAILING ADDRESS (Street)		FAX (808) 973-0726
1357 Kapiolani Blvd., Suite 1250		EMAIL jmccomas@alohacare.org
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

11/3/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John McComas	Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

AlohaCare

TELEPHONE

(808) 973-1690

MAILING ADDRESS (Street)

1357 Kapiolani Blvd., Suite 1250

FAX (808) 973-0726

EMAIL
jmccomas@alohacare.org

(City)

Honolulu

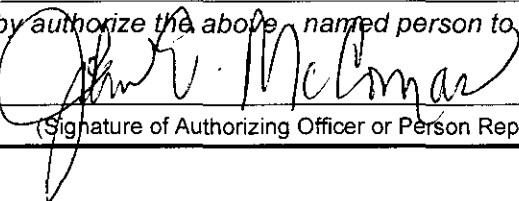
(State)

Hawaii

(Zip Code)

96814

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

11/3/13

(Date)